

**ADE 5-Day Reconciliation Form**  
**For Multiple Site Sponsors and Multiple Single Center Participants**  
**(Not Applicable for Emergency Shelters)**

Site Name: \_\_\_\_\_

CTD #: \_\_\_\_-\_\_\_\_-\_\_\_\_

Are enrollment (emergency cards) and attendance records current and accurate? ☐ Yes ☐ No If not, provide details and list corrective action assigned to resolve issue:

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Total Number of Participants **Enrolled** (based on claim): \_\_\_\_\_

**Licensed Capacity:** \_\_\_\_\_

Total Number of Participants **Claimed** (*based on meal counts*):

	Meal	1 Day Before Date:	2 Days Before Date:	3 Days Before Date:	4 Days Before Date:	5 Days Before Date:
	Breakfast					
	AM Snack					
	Lunch					
	PM Snack					
	Dinner					
	Evening Snack					

Is shift care provided? ☐ Yes ☐ No Do any of these meal counts exceed the Licensed Capacity above? ☐ Yes ☐ No  
If yes, identify the source of the error; inaccurate attendance, missing enrollment, etc. Provide details and list corrective action assigned to resolve issue:

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Total Number of Participants in **Attendance** (*based on sign in/out sheets*):

Meal Service Times	Meal	1 Day Before Date:	2 Days Before Date:	3 Days Before Date:	4 Days Before Date:	5 Days Before Date:
	Breakfast					
	AM Snack					
	Lunch					
	PM Snack					
	Dinner					
	Evening Snack					

Do any of these attendance numbers exceed the # of Participants Enrolled above? ☐ Yes ☐ No If yes, determine the source of the error; missing enrollment, etc. Provide details and list corrective action assigned to resolve issue:

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Compare the tables above. Are there any discrepancies between the numbers claimed and the numbers in attendance?  
☐ Yes ☐ No If yes, determine whether an over or under claim occurred and provide details. In addition, list corrective action assigned to resolve issue:

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# Tally Worksheet

## (Record Attendance from Sign In/Out Sheets)

Breakfast ||||   ||||   ||||   ||||   ||||   ||||   ||||   ||| 43

**Day 1:** **Totals**

Breakfast \_\_\_\_\_

AM Snack \_\_\_\_\_

Lunch \_\_\_\_\_

PM Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Evening Snack \_\_\_\_\_

**Day 2:**

Breakfast \_\_\_\_\_

AM Snack \_\_\_\_\_

Lunch \_\_\_\_\_

PM Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Evening Snack \_\_\_\_\_

**Day 3:**

Breakfast \_\_\_\_\_

AM Snack \_\_\_\_\_

Lunch \_\_\_\_\_

PM Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Evening Snack \_\_\_\_\_

**Day 4:**

Breakfast \_\_\_\_\_

AM Snack \_\_\_\_\_

Lunch \_\_\_\_\_

PM Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Evening Snack \_\_\_\_\_

**Day 5:**

Breakfast \_\_\_\_\_

AM Snack \_\_\_\_\_

Lunch \_\_\_\_\_

PM Snack \_\_\_\_\_

Dinner \_\_\_\_\_

Evening Snack \_\_\_\_\_